

10/577742

IAP17 Rec'd PCT/PTO 27 APR 2006

**Application Data Sheet****Application Information**

<b>Application number:</b>	
<b>Filing Date:</b>	
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CFR:</b>	
<b>Title:</b>	BACTERIAL VIRULENCE FACTORS AND USES THEREOF
<b>Attorney Docket Number:</b>	S&B-0008
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	
<b>Total Drawing Sheets:</b>	37
<b>Small Entity?:</b>	Yes
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	No

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**Applicant Information**

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Canada
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Brett
<b>Middle Name:</b>	
<b>Family Name:</b>	Finlay
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Richmond
<b>State or Province of Residence:</b>	British Columbia
<b>Country of Residence:</b>	Canada
<b>Street of mailing address:</b>	8491 Seafair Drive
<b>City of mailing address:</b>	Richmond
<b>State or Province of mailing address:</b>	British Columbia
<b>Country of mailing address:</b>	Canada
<b>Postal or Zip Code of mailing address:</b>	V7C 1X7

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Canada
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Samantha
<b>Middle Name:</b>	
<b>Family Name:</b>	Gruenheid
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Vancouver
<b>State or Province of Residence:</b>	British Columbia
<b>Country of Residence:</b>	Canada
<b>Street of mailing address:</b>	2316 Balaclava Street
<b>City of mailing address:</b>	Vancouver
<b>State or Province of mailing address:</b>	British Columbia
<b>Country of mailing address:</b>	Canada
<b>Postal or Zip Code of mailing address:</b>	V6K 4C7

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<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Canada
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Wanyin
<b>Middle Name:</b>	
<b>Family Name:</b>	Deng
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Burnaby
<b>State or Province of Residence:</b>	British Columbia
<b>Country of Residence:</b>	Canada
<b>Street of mailing address:</b>	6819 Walker Avenue
<b>City of mailing address:</b>	Burnaby
<b>State or Province of mailing address:</b>	British Columbia
<b>Country of mailing address:</b>	Canada
<b>Postal or Zip Code of mailing address:</b>	V5E 3C3

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Canada
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Bruce
<b>Middle Name:</b>	
<b>Family Name:</b>	Vallance
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Vancouver
<b>State or Province of Residence:</b>	British Columbia
<b>Country of Residence:</b>	Canada
<b>Street of mailing address:</b>	#603, 1305 West 12th Avenue
<b>City of mailing address:</b>	Vancouver
<b>State or Province of mailing address:</b>	British Columbia
<b>Country of mailing address:</b>	Canada
<b>Postal or Zip Code of mailing address:</b>	V6H 1M3

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<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Mexico
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Jose
<b>Middle Name:</b>	L
<b>Family Name:</b>	Puente
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Cuernavaca
<b>State or Province of Residence:</b>	Morelos
<b>Country of Residence:</b>	Mexico
<b>Street of mailing address:</b>	Privada de Cananea 8-2, Col. Lomas de la Selva
<b>City of mailing address:</b>	Cuernavaca
<b>State or Province of mailing address:</b>	Morelos
<b>Country of mailing address:</b>	Mexico
<b>Postal or Zip Code of mailing address:</b>	62250

## Correspondence Information

<b>Correspondence Customer No.:</b>	23377
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	23377
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### **Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This application	An application claiming the benefit under 35 USC 119(e)	60/515,703	October 31, 2003

### **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

### **Assignee Information**

<b>Assignee name:</b>	
<b>Street of mailing address:</b>	
<b>City of mailing address:</b>	
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	
<b>Postal or Zip Code of mailing address:</b>	